APPLICATION DATA SHEET

Application Information		
Application Number::		
Filing Date::	03/01/04	
Application Type::	Regular	
Subject Matter::	Utility	
Suggested Classification::		
Suggested Group Art Unit::		
CD-ROM or CD-R::	None	
Number of CD disks::	·	
Number of Copies of CDs::		
Sequence Submission?::		
Computer Readable Form (CRF)?::		
Number of Copies of CRF::		
Title::	ANTINEOPLASTIC COMBINATIONS	
Attorney Docket Number::	AM-101314USA	
Request for Early Publication?	No	
Request for Non-Publication?	No	
Suggested Drawing Figure::	·	
Total Drawing Sheets::		
Small Entity::	No	
Latin name::		
Variety denomination name		
Petition Included::	No	
Petition Type		
Licensed US Govt. Agency::		
Contract or Grant Number::		
Secrecy Order in Parent Application::		

Applicant Information		
Applicant Authority Type::	Inventor	
Primary Citizenship Country::	US	
Status::	Full Capacity	
Given Name::	Matthew	
Middle Name::	L.	
Family Name::	Sherman	
Name Suffix::		
City of Residence::	Newton	
State or Province of Residence::	MA	
Country of Residence::	US	
Street of Mailing Address::	33 Janet Road	
City of Mailing Address::	Newton	
State or Province of Mailing Address::	MA	
Country of Mailing Address::	US	
Postal or Zip Code of Mailing Address::	02459	

Applicant Information		
Applicant Authority Type::	Inventor	
Primary Citizenship Country::	US	
Status::	Full Capacity	
Given Name::	James	
Middle Name::	J.	
Family Name::	Gibbons	
Name Suffix::	Jr.	
City of Residence::	Westwood	
State or Province of Residence::	NJ	
Country of Residence::	US	
Street of Mailing Address::	33 Terrace Drive	
City of Mailing Address::	Westwood	
State or Province of Mailing Address::	NJ	
Country of Mailing Address::	US	
Postal or Zip Code of Mailing Address::	07675	

Applicant Information		
Applicant Authority Type::	Inventor	
Primary Citizenship Country::	US	
Status::	Full Capacity	
Given Name::	Mark	
Middle Name::		
Family Name::	Berger	
Name Suffix::		
City of Residence::	Merion Station	
State or Province of Residence::	PA	
Country of Residence::	US	
Street of Mailing Address::	328 Woodley Road	
City of Mailing Address::	Merion Station	
State or Province of Mailing Address::	PA	
Country of Mailing Address::	US	
Postal or Zip Code of Mailing Address::	19066	

Applicant Information		
Applicant Authority Type::	Inventor	
Primary Citizenship Country::	US	
Status::	Full Capacity	
Given Name::	Robert	
Middle Name::	T.	
Family Name::	Maguire	
Name Suffix::		
City of Residence::	Doylestown	
State or Province of Residence::	PA	
Country of Residence::	US	
Street of Mailing Address::	5708 Ridgeview Drive	
City of Mailing Address::	Doylestown	
State or Province of Mailing Address::	PA	
Country of Mailing Address::	US	
Postal or Zip Code of Mailing Address::	18901	

Applicant Information		
Applicant Authority Type::	Inventor	
Primary Citizenship Country::	US	
Status::	Full Capacity	
Given Name::	Robert	
Middle Name::		
Family Name::	Friedman	
Name Suffix::		
City of Residence::	Sewell	
State or Province of Residence::	NJ	
Country of Residence::	US	
Street of Mailing Address::	20 Suzie's Hollow Road	
City of Mailing Address::	Sewell	
State or Province of Mailing Address::	NJ	
Country of Mailing Address::	US	
Postal or Zip Code of Mailing Address::	08080	

Correspondence Information		
Correspondence Customer Number::	38199	
Name::	Howson and Howson	
Street of Mailing Address	Spring House Corporate Center, Box 457	
City of Mailing Address	Spring House	
State or Province of Mailing Address	Pennsylvania	
Country of Mailing Address	US	
Postal or Zip Code of Mailing Address::	19477	
Phone Number::	215-540-9200	
Fax Number::	215-540-5818	
E-Mail Address::	CKodroff@howsonandhowson.com	

Representative Information			
Representative Customer No. 38199	Registration Number	Name	

Domestic Priority Information			
Application	Continuity Type	Parent Application	Parent Filing Date
This Application	An application claiming the benefit under 35 USC 119(e)	60/452,289	03/05/03

Foreign Priority Information			
Country	Application Number	Filing Date	Priority Claimed

Assignee Information		
Assignee Name::	Wyeth	
Street of Mailing Address::	Five Giralda Farms	
City of Mailing Address::	Madison	
State or Province of Mailing Address::	New Jersey	
Country of Mailing Address::	USA	
Postal or Zip Code of Mailing Address::	07940	